



PUBLIC SERVICE PSYCHOLOGY

Division 18 Newsletter

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Hospital Practice in California's Changing Mental Health System

State Leadership Conference, March 4th - 7th 2006,
Grand Hyatt Hotel, Washington, DC

Bill Safarjan, Ph.D.

Chief Financial Officer, Psychology Shield

Background: Under California law (Business & Professions Code § 2903) psychologists are licensed to diagnose and treat individuals with mental disorders. In 1978, the state legislature enacted Section 1316.5 of the Health and Safety Code to permit psychologists to practice in health care facilities as "hospital professional staff." In 1980, 1316.5 was amended to permit psychologists to become part of organized medical staffs, provide services within their scope of their licensure, and practice without discrimination as independent providers.

In 1982, the California Department of Health Services published regulations that denied psychologists the right to diagnose or treat organic mental disorders. In 1984, the California Association of Psychology Providers (CAPP) filed a lawsuit declaring that the regulations were inconsistent with statute (CAPP v. Rank). In 1985, the trial court agreed and invalidated the regulations, but the decision was later overturned on appeal. The appellate court held that psychologists could neither diagnose nor treat mentally ill patients unless a physician ruled out a medical basis. The case eventually

went before the California Supreme Court; and in 1990, the Court ruled that psychologists may have primary responsibility for patient care, without physician oversight. In the words of the court: "A patient may receive both medical and psychological treatment. Nothing in the statutes requires that if he receives both, the physician must be 'the captain of the ship.'"

When the law was ignored in state-run health facilities, 1316.5 was further amended to require facilities to establish procedures so that psychologists could apply for medical staff membership and clinical privileges (AB 3141, 1996). And when the revised law was disregarded and no psychologists were on medical staffs, state legislators again amended the law by adding nondiscrimination language intended to prevent state-run health facilities from favoring one provider over another (viz. psychiatrists over psychologists), when both providers were licensed to perform the same services (AB 947, 1998).

Between 1998 and 2003, attempts were made by psychologist within the

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Prescriptive Authority for Psychologists Working in the Public Sector: *Is it Needed?*

Craig S. King, PsyD

Yes. Yes, if for no other reason than there aren't enough psychiatrists to serve the people who reside in rural, economically depressed regions in many areas of the United States. One such example where psychiatric care is very limited, particularly in rural areas, is in Virginia where this author is the Mental Health Clinical Supervisor for the Division of Community Corrections within the Virginia Department of Corrections. This writer is the sole mental health professional for Community Corrections in Virginia, which includes 43 probation and parole (P & P) districts and 9 detention and diversion centers (typically serves nonviolent, first time adult men and women offenders) scattered throughout the state from the eastern shore (Virginia Beach area) to Appalachia (western VA - borders TN and KY) and to northern Virginia (borders Washington, DC). Consequently, Community Service Boards (CSB), a type of community mental health center, are tasked with providing mental health services including psychiatric care or medication management throughout the state for offenders and non-offenders.

However, the ratio of patients in need of psychiatric consultation to available psychiatrists is disproportionate and does not meet the needs of the number of patients who require psychiatric care. The offender population is just one consumer of psychiatric care whose needs are not being adequately treated by the current

mental health system. Inmates upon reentry into the community as well as probationers and parolees frequently have to wait several months to see a psychiatrist due to the large number of individuals served by the CSB's and the limited number of psychiatrists available. The lack of psychiatric care is not just an issue in remote areas of Virginia, but it also can be quite challenging to obtain an appointment with a psychiatrist in heavily populated areas due to the limited number of psychiatrists who serve a large number of people. As a result, the CSB's frequently only serve the patients who are most desperately in need of care (i.e., unable to care for self or a danger to self or others due to mental illness) or who have a major mental illness (e.g., Schizophrenia, Bipolar I Disorder).

Although there are many factors that impact recidivism rates, the research has consistently demonstrated that a lack of adequate mental health care poses significant challenges, particularly for offenders upon reentry into the community. The offender population in general, which continues to increase each successive year, is faced with considerable challenges upon reentry into the community including securing employment, housing, and adjusting to an unstructured environment. These challenges are inherent in the offender population and can often lead to resulting mental health needs even when a preexisting mental health condition did not exist pri-

or to incarceration. Inmates who have a preexisting mental illness and receive treatment in prison frequently discover upon reentry into the community that psychiatric treatment (i.e., psychotropic medication management) is unavailable largely because there are a limited number of psychiatrists for a large number of patients. The lack of psychiatric care is further exacerbated for inmates upon reentry into the community because offenders are often stigmatized as "bad people" or undeserving of treatment. Since a psychiatrist's schedule is easily filled with non-offenders, there is little incentive to treat people with criminal records.

These comments reflect one mental health professional's experience. However, these experiences are not uncommon or isolated to Virginia; rather, they can be found in all areas of the public sector and are exacerbated in rural areas of the country. As a mental health practitioner working with an underserved public sector population, I am not suggesting that simply enabling psychologists who receive the prerequisite education and training to safely and competently prescribe would solve all patient care issues. The delivery of community mental health care, particularly to the offender population, is multi-layered and is inherently complex. For several years there have been too few psychiatrists to treat the large

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Prescriptive Authority for Psychologists Working in the Public Sector: *Is it Needed?*

Continued

number of patients who require psychiatric consultation (i.e., medication management), particularly in rural and economically depressed areas. In addition, the data have shown that primary care providers with little or no training in psychiatry have prescribed the vast majority of psychotropic medication in the community. If psychiatrists are unable to meet the needs of the patient population, then states need to fill this void and seriously consider allowing properly trained psychologists to prescribe psychotropic medication. This issue is not about turf issues, but about patient care and what is best for society as a whole, getting the best outcome for our patients and for public safety. Granting psychologists prescriptive authority will not result in psychiatry becoming obsolete; it will allow psychiatrists and psychologists to collaborate as never before enabling us to fulfill the mission and values of our profession.

The statement above reflects the ideas of Craig S. King, Psy.D. and not the Virginia Department of Corrections.

Division 18 Builds Partnerships to Improve Patient Care

Kathy Harowski, PhD

Thanks to Division 18 colleagues who participated in the discussion hour at the 2006 State Leadership Conference in March 2006. As you can see from the title, Division 18 presented information and asked for help and collaboration from SLC conference attendees to move these two initiatives, Psychology Shield and the Division 18/Alliant Prescription Training Partnership forward.

It's not typical for Divisions to be on the program at the SLC as the focus is on state initiatives and so it was even more of an honor to take a moment to interact with an audience of about thirty which included Pat De Leon (thanks, Pat for your comments and perspectives), Presidents-elect of state psychological associations and APAGS regional representatives as well as several prescribing psychologists. The theme for the SLC, which is the largest event of the year for the APA Practice Organization and Directorate, was Psychology and Communities: Advancing Health, Building Resilience and Changing Behavior. A better fit for our efforts to improve patient care for public sector clients could not be found than this year's program; many thanks to practice organization staff for finding time for our initiatives on a program crowded with topics related to health care for the whole person, working at the intersection of psychological and physical health and connecting psychology with the community. We valued the chance to get the attention of the more than 600

psychology leaders who attended the conference.

Participants included: Kathy Harowski, PhD, Division 18 President Elect; Randy Taylor, PhD, Division 18 Past President; Dolly Sadow, Division 18 President; Mario Marquez, PhD, Prescribing Psychologist from New Mexico, Advocacy person for New Mexico, SLC Diversity Delegate; Bill Safarjan, PhD, member, CAPP, Membership Chair, Division 18, CFO, Psychology Shield; and Elizabeth Winkelman, JD, PhD, Special Assistant to the Executive Director for Professional Practice.

The audience asked many "how to" questions about these partnerships and provided suggestions and good energy. Thanks to Randy Taylor for his strong ongoing support for the Div 18/Alliant prescription training initiative including his presentations at the Division Leadership conference and the State Leadership conference. In his materials for SLC, he noted that practitioners waiting for the opportunity to train now number 80 and are living and working in 24 states across the country. Past Presidents Randy Taylor and Bob Ax correspond on a monthly basis with the waiting practitioners and were able to let them know in February that at least seven students will start the training program in September 2006; your efforts in supporting this initiative can make a real difference in the numbers of students who can begin

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Division 18 Builds Partnerships to Improve Patient Care *Continued*

the fall cohort. Craig S King, PsyD, who wrote the companion article, is one of the practitioners waiting for this training opportunity; he describes his work and the need for increased care for the patient population he serves in Virginia as one example of the reasons this initiative has received such strong support.

Bill Safarjan provided an update on Psychology Shield, an effort to allow psychologists working in state run health facilities to expand their scope of practice to include clinical privileges granted to them by statute 15 years ago but never implemented by the Department of Health Services in California due to pressures and legal action by psychiatry in that state. Since 2004, with the support of CPA, the APA Practice Organization and the Practice Directorate and labor unions in California, Psychology

Shield has pursued legal and advocacy action to try to force the state of California to implement the law and improve patient care. Most recently, CAPP vs Rank was reaffirmed by the Courts in California. To quote Bill: "The process of gaining hospital practice for psychologists in California has spanned more than 30 years, but significant advances have been made. With independent practice authority, the quality of care will improve and psychologists will gain their rightful place as true leaders in mental health treatment."

The informational handouts provided by Randy Taylor and Bill Safarjan are included on the next page of the newsletter and on the website for your review and action. Please join us in moving these initiatives forward by informing your colleagues in other divisions and your state association of our need for support.

Partnerships are created between two entities to provide a service or meet a need that each cannot meet alone; collaborations mean that multiple partners work together. Advocacy and education efforts by psychologists in the public sector often focus on patient care needs and how the skills and perspectives offered by psychologists can benefit society by improving patient outcome.

Participants will be given information about two active partnerships engaged in by Division 18, Psychologists in Public Service, in order to meet the needs of the underserved populations with whom the Division members work. These partnerships- the Division 18/Alliant International University RxP initiative and Psychology Shield- are structured in very different ways but have in common a desire to impact the functioning and improve care offered to underserved patients who seek care in the public sector. State leaders will leave with an understanding of how these partnerships have the potential to have an impact on patient care in their state and will be asked to consider collaboration with Division 18 in these efforts.

We are Pleased to Announce...

The First North American Correctional and Criminal Justice Psychology Conference

June 7-9, 2007

Ottawa, Canada

Sponsoring Organizations include:

- The Criminal Justice Section of the Canadian Psychological Association

- Criminal Justice Section of Division 18 of the American Psychological Association
- American Association of Correctional and Forensic Psychology.

The Canadian Psychological Association (CPA) has generously agreed to provide administrative support for the conference which will run concurrently with CPA's annual convention.

Pre-conference workshops will be provided on a variety of topics.

Each day of the conference will be packed with symposia on a variety of correctional and criminal justice topics so that attendees will have choices to make between high quality presentations by leaders in the field. A banquet is being planned for June

8, 2007 around the theme "A Celebration of Excellence." We will be honouring the career and significant achievements of some of our members.

There will be many opportunities for networking through social events.

Circle your calendar and plan to attend. We are aiming to make this the largest gathering of Correctional and Criminal Justice psychologists - Ever.

** Student Awards will be made for Poster presentations representing Excellence in Research.*

** Through Division 18, APA approved CE credits will be available to all who attend.*

Updated information about the conference will be regularly posted at www.cpa.ca/cjs/CJS_Welcome.html



Division 18 (Psychologists in Public Service), in partnership with Alliant International University (AIU), requests your help in advancing an important initiative to improve care for underserved citizens who depend on public mental health services. The initiative, which will provide training in psychopharmacology for 100 Public Service Psychologists, is critically important for establishing a pivotal role for psychology in providing comprehensive evidence-based bio-psychosocial treatment. Its ultimate goal is to inform public policy by demonstrating to public service agencies that training psychologists in psychopharmacology results in more effective, and cost-effective, services. Division 55 has endorsed this initiative, and joins us in seeking your support.

The five-year project includes the following:

- Providing 100 psychologists with a 450 hour academic program leading to a Postdoctoral Master of Science;
- Providing a structure for these graduates to verify medically supervised practicum experiences with 100 patients; and
- Evaluating the program's success in enhancing access to services by underserved populations, improving the quality of care provided by the graduates and assessing the program's impact on institutions where the graduates work.

In order to fund the Program's \$1.2 million dollar budget, AIU has set up a restricted fund, The Public Service Psychology RxP Fund, to provide basic tuition costs. Psychologist students, already employed in public service agencies serving the underserved, will cover remaining costs such as books and travel on their own. The plan, to obtain funding from private foundations, is contingent on demonstrating grassroots financial support, as well as endorsements from key groups familiar with the mental health needs of underserved populations.

To date, Division 18 has certified more than 70 Public Service psychologists as potential students. They are waiting for this training opportunity so they can better serve their client populations. Applicant testimonials supporting the need for these services are compelling and lead us to ask you to place this item on your business schedule for the 2006 DLC. **Please help mobilize your State Association to provide vital endorsements and contributions (any amount) so classes can begin in 2006.**

We need your help:

- **Obtaining endorsements from key groups.**
- **Informing individuals and groups that Alliant International University has set up a fund to which individuals and groups can make monetary contributions of any size.**

The Public Service Psychology RxP Fund is a restricted fund that will be used only to support the AIU-Division 18 Initiative. Fully tax-deductible contributions to the fund will go toward paying tuition for public service psychologists and show granting organizations that the psychology profession supports this effort. This fund is based in and administered solely by AIU. Neither APA nor any of its Divisions or members has any official or unofficial association with the Fund.

The Fund has secured its first foundation grant and a commitment of additional funds when we generate matching contributions: AIU has obtained an initial \$25,000 grant from the Tauber Family Foundation which has further promised to give another \$25,000 when the first grant is matched through individual and group contributions. Many individual psychologists have already responded with financial support, but many more contributions are needed.

Representatives from Division 18 welcome the opportunity to come and talk with your State Association representatives about this effort during your

meetings over the SLC weekend in March 2006 (or anytime via phone). Please contact Dr. Randy Taylor (703.201.0244) or Dr. Bob Ax (804.739.3696) to arrange for them to discuss this initiative with your representatives. Randy and Bob are Past Presidents of Division 18, members of Divisions 18 and 55, and authorized by Division 18 to lead this initiative.

Division 18 has obtained strong support from the APA Practice Directorate for this effort and for Psychology Shield to maintain and expand the ability of all practicing psychologists to provide the best care for clients' needs.

If this letter is in your hands, we request that you do the following:

1. **Personally contact representatives of key mental health advocacy groups and ask them to contact Alliant International University to offer support of the grant applications being prepared: Dr. Steve Tulkin, Program Director at Alliant (415.955.2162 or stulkin@alliant.edu) or Dr. Wendy Stock, Associate Program Director at Alliant (415.955.2138 or wstock@alliant.edu).**
2. **Forward the attachment regarding the need for financial contributions to your membership. This can be done in any manner that works for your State Association, such as placing it on your list serve or in your newsletter. The direct link to the attachment is: [http://www.alliant.edu/wps/wcm/connect/resources/file/eb19da02b9c987a/DIV%2018-FUND%20FINAL-\(55\)%20Alliant_Fundraising_Proposal.pdf?MOD=AJPERES](http://www.alliant.edu/wps/wcm/connect/resources/file/eb19da02b9c987a/DIV%2018-FUND%20FINAL-(55)%20Alliant_Fundraising_Proposal.pdf?MOD=AJPERES)**

Your consideration of this request is greatly appreciated.

Thank you,
Dolly Sadow, Ph.D., ABPP



Now you can support...

Public Service Psychology RxP Training

Division 18 recently learned that Alliant International University created a restricted fund to be used only to support training for 100 Public Service Psychologists in their Postdoctoral Master of Science Program in Clinical Psychopharmacology. Once trained, these psychologists will be able to deliver comprehensive mental health care to underserved populations.

As funding from foundations is contingent on demonstrating grass roots support, Alliant is seeking contributions to this fund from psychologists, and other individuals and organizations. Contributions are 100% tax deductible.* We are also seeking help of organizations that represent public service mental health beneficiaries to support Alliant International University's requests for large grant funds.

If you have questions about the Postdoctoral Master of Science Program at Alliant International University, please contact: Dr. Steven Tulkin or Dr. Wendy Stock (psychopharm@alliant.edu)

If you have questions about the Division 18 RxP initiative, please contact: Dr. Randy Taylor (rtaylor530@aol.com) or Dr. Bob Ax (shrinkart@aol.com)

<p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Email _____</p> <p>I would like to support Public Service Psychology RxP Training. Make checks out to "Public Service Psychology RxP Fund"</p> <p>I would like to contribute: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 <input type="checkbox"/> Other</p> <p>I would like to pay the tuition for one psychologist: <input type="checkbox"/> \$12,000</p> <p><input type="checkbox"/> Check Enclosed <input type="checkbox"/> Bill to Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MC</p> <p>Card Number _____</p> <p>Expires _____</p> <p>Mail to: Public Service Psychology RxP Fund, Alliant International University Foundation, One Beach Street, San Francisco, CA 94133.</p> <p><small>*This fund is based in and administered solely by Alliant International University. Neither APA, Division 18 nor any APA Division or member, has any official or unofficial association with the Fund. This announcement is for informational purposes only.</small></p>	<p style="text-align: center;">PUBLIC MENTAL HEALTH CONSTITUENT SUPPORT</p> <p>Name _____</p> <p>Address _____</p> <p>Phone _____</p> <p>Email _____</p> <p>I represent (name of group) _____, a public service mental health constituency that needs highly trained psychologist prescribers of psychotropic medications. We would like to support Public Service Psychology RxP Training. Please contact me directly for information so I can support Alliant's applications for grant funds to train currently employed public service psychologists.</p> <p>Mail to: Drs. Steve Tulkin and Wendy Stock, Directors Post Doctoral Masters Degree Program in Clinical Psychopharmacology, Alliant International University, One Beach Street, San Francisco, CA 94133.</p> <p style="text-align: center;">Your State's Participating Division 18 <u>Licensed Public Service Psychologists</u></p> <table border="0"> <tr> <td>Alaska</td><td>1</td><td>Louisiana</td><td>3</td><td>New York</td><td>1</td></tr> <tr> <td>Arizona</td><td>4</td><td>Maine</td><td>1</td><td>North Carolina</td><td>2</td></tr> <tr> <td>California</td><td>23</td><td>Massachusetts</td><td>2</td><td>Ohio</td><td>1</td></tr> <tr> <td>Colorado</td><td>2</td><td>Minnesota</td><td>1</td><td>Oklahoma</td><td>2</td></tr> <tr> <td>Florida</td><td>4</td><td>Missouri</td><td>3</td><td>Oregon</td><td>2</td></tr> <tr> <td>Illinois</td><td>3</td><td>Montana</td><td>2</td><td>Texas</td><td>3</td></tr> <tr> <td>Kansas</td><td>2</td><td>Nevada</td><td>1</td><td>Virginia</td><td>5</td></tr> <tr> <td>Kentucky</td><td>1</td><td>New Mexico</td><td>1</td><td>Wisconsin</td><td>1</td></tr> </table> <p><small>*There will be a total of 100 fully trained Public Service Psychologists providing high quality mental health services to the under-served Americans in State and Community Hospitals, in Indian Country, in Police Services, in Prisons and Jails, and in Veterans Facilities.</small></p>	Alaska	1	Louisiana	3	New York	1	Arizona	4	Maine	1	North Carolina	2	California	23	Massachusetts	2	Ohio	1	Colorado	2	Minnesota	1	Oklahoma	2	Florida	4	Missouri	3	Oregon	2	Illinois	3	Montana	2	Texas	3	Kansas	2	Nevada	1	Virginia	5	Kentucky	1	New Mexico	1	Wisconsin	1
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Hospital Practice in California's Changing Mental Health System

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California health care system to implement 1316.5. However, physicians in state-run facilities continued to defy the law by issuing illegal rules and regulations that discriminated against psychologists. Their behavior was justified, in part, by citing state regulations that appeared to support their actions. While CAPP v. Rank had invalidated some regulations, it did not mandate the state to amend other regulations. That is, even though psychologists were permitted by law and by CAPP v. Rank to admit, treat, and discharge hospitalized individuals, the regulations continued to limit the privileges to physicians.

Enter Psychology Shield: In 2004, a small nonprofit corporation, Psychology Shield, was formed to take legal action to force the state to implement 1316.5. With the threat of legal action, in April of 2005, the state amended its regulations so that psychologists could independently admit, treat, and discharge patients. However one month later, the Union of American Physicians and Dentists (UAPD) and the California Psychiatric Association sued the state claiming that: 1) it violated procedure when the regulations were issued and 2) the regulations violated state and federal law. In February of this year, the judge suspended the regulations. He indicated that the state had exceeded its legal authority when the regulations were issued using an expedited procedure (Rule 100). Rule 100 allows regulations to be issued without a public hearing, if they have no regulatory effect. The judge took a narrow view

and opined that Rule 100 only could be used to delete regulations that were invalidated by a court, not amend regulations to make them consistent with a court decision. He did not accept the psychiatrists' argument that the regulations violated state and federal law; and, in fact, opined that CAPP v. Rank may well serve as the authority for the state to reissue the challenged regulations.

Accomplishments to Date: Prior to the 2005 regulations, nowhere in the California statutes (or regulations) did it say specifically that psychologists could admit, treat, and discharge hospitalized patients. The early statutes simply affirmed that psychologists could be part of a hospital's professional staff. In general, the statutes were written using broad language such as "within the scope of licensure." In order to provide the regulatory basis, the Shield was forced to go to the California Board of Psychology and request a written position statement on the scope of practice of licensed psychologists. The intent of the request was to show that the proposed regulations were consistent with licensure. In February of 2005, the Board issued a written statement that spoke to the independent authority of psychologists practicing in hospitals. Except for prescribing medication, performing psychosurgery, and conducting electro-convulsive shock therapy, psychologists essentially had legal and regulatory parity with psychiatrists in the treatment of mental disorders. By the making the regulatory language more specific, it is

becoming increasingly difficult to violate the law.

What Remains: The Shield has already gone back to the state and asked that the suspended regulations be resubmitted for review and public comment. It also has submitted a second set of regulations that go beyond CAPP v. Rank, but are intended to comply with state law by removing discriminatory language (e.g., replacing the term "psychiatric" with the term "mental health") and by adding enforcement language to make violating the law more difficult. The process of gaining hospital practice for psychologists in California has spanned more than 30 years, but significant advances have been made. With independent authority, the quality of care will improve and psychologists will gain their rightful place as leaders in mental health treatment.

Acknowledgements: The Psychology Shield Board (Drs. Sallie Hildebrandt, Ann Caron, Gil Newman and Bill Safarjan) would like to acknowledge the staff and volunteers of the CPA Government Affairs Department (Dr. Charles Faltz, Ms. Amanda Levy, Dr. Ann Carson, and Mr. Carl London) for their foresight in supporting psychologists in their quest to gain independent practice authority in hospitals; and Dr. Russ Newman of the APA Practice Organization and his staff (Attorneys Billie Hinnefeld, Alan Nessman, and Maureen Testoni) for having moved California to victory in the 1990 CAPP v. Rank Supreme Court decision and for their continued support of California psychologists through legal consultation and financial support.

Finally, The Shield would like to recognize and thank the APA Committee

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Hospital Practice in California's Changing Mental Health System

Continued

for the Advancement of Professional Practice, Psychology Defense Fund of the APA Board of Directors, Association of Practicing Psychologists, AFSCME Local 2620, Alliant International University (CSPP), American Association of Correctional Psychologists; California Correctional Psychologists Association, California Latino Psychological Association, APA Divisions 12 (Clinical), 17 (Counseling) 18 (Public Service), 29 (Psychotherapy),

31 (State Associations), 40 (Clinical Neuropsychology), 42 (Independent Practice), Arizona Psychological Association, California Psychological Association (CPA), Georgia Psychological Association, Illinois Psychological Association, Mississippi Psychological Association, New Jersey Psychological Association, New Mexico Psychological Association, New York State Psychological Association, North Carolina Psychological Association, Ohio

Psychological Association, Oklahoma Psychological Association, Oregon Psychological Association, Pennsylvania Psychological Association, Texas Psychological Association, Utah Psychological Association, Virginia Academy of Clinical Psychologists, Wyoming Psychological Association, CPA Divisions 1 (Professional Practice), 2 (Education and Training), 4 (Public Service), CPA Chapters Central Coast, Alameda County, Contra Costa, Fresno Area, Los Angeles County, Marin County, Napa-Solano, Orange County, Redwood, Santa Barbara (Jerry Clark Memorial Fund), San Diego, San Fernando Valley, San Francisco, San Gabriel Valley and San Mateo Psychological Associations, and over 300 individual contributors.

The University of Saskatchewan invites applications and nominations for a tenured or tenure-track *Research Chair in Substance Abuse* at a rank commensurate with qualifications. Ideally, the successful candidate will assume the appointment as soon as possible. This position has been established as part of the University's Integrated Plan initiative in Public Health and through funding provided by *Project Hope*, an initiative of the Province of Saskatchewan.

The Province of Saskatchewan, through Project Hope, is committed to research and scholarly work directed at preventing and treating substance abuse. An integral component of Project Hope is the establishment of a Research Chair at the University of Saskatchewan.

The Chair will be an internationally recognized scholar with a focus on conducting research related to substance abuse issues in the province. The Chair's research will advance knowledge and information to support various treatment and prevention approaches in Saskatchewan. In addition, the research will emphasize the need for integration among health services (i.e., mental health)

to promote successful substance abuse programming. Finally, there will be a significant linkage between the Chair's research agenda and public policy development. The Research Chair is intended to increase Saskatchewan's research capacity by attracting a world-class teacher-scholar, strengthening the training of highly-qualified personnel, improving the University's capacity, and ensuring effective use of research resources through institutional strategic planning.

The successful candidate will have extensive scholarship experience in an area of substance abuse and will hold a faculty appointment in an appropriate department with opportunity for a cross-appointment with the School of Public Health, an initiative currently being developed as part of the University of Saskatchewan's Integrated Plan. The successful applicant will be expected to attract and maintain substantial research funding from the Canadian Institutes of Health Research or other related granting agencies.

This position has been cleared for advertising at the two-tier level. Applications are invited from qualified individuals

regardless of their citizenship. The University of Saskatchewan is committed to employment equity. Members of designated groups (women, Aboriginal people, people with disabilities and visible minorities) are encouraged to self-identify on their applications.

Applicants should send curriculum vitae, the names of three referees and a detailed summary of a proposed research program to:

Dr. Jim Germida
Vice-Provost
University of Saskatchewan
204.2 College Building
107 Administration Place
Saskatoon, SK S7N 5A2
Canada

Email:
jim.germida@usask.ca
Fax: (306) 975-1026

For more information, visit:
<http://www.usask.ca/vpacademic/integratedplanning/plandocs/summary.php>

<http://www.publications.gov.sk.ca/details.cfm?p=10319>